

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 26, 2002 8:00 am**  
**Secretary of State**

03-26-2002 90088 001 \*\*\*\*61.25

**DOCUMENT # N99000005991**

1. Entity Name

**COMMUNITY LEADERSHIP FOUNDATION, INC.**

Principal Place of Business

Mailing Address

**5201 NW 34TH ST  
 GAINESVILLE FL 32605**

**4023 NW 34TH PLACE  
 GAINESVILLE FL 32606**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3534147**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SORGI, JASON  
 1505 FT CLARKE BLVD  
 APT #14-307  
 GAINESVILLE FL 32606**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to:  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD**  Delete  
 NAME **LANE, IAN**  
 STREET ADDRESS **P.O. BOX 12633 N/A**  
 CITY-ST-ZIP **GAINESVILLE FL 32604**

TITLE **PD**  Change  Addition  
 NAME **Lane, Ian**  
 STREET ADDRESS **P.O. Box 1408**  
 CITY-ST-ZIP **New York, NY 10163**

TITLE **VD**  Delete  
 NAME **SORGI, JASON**  
 STREET ADDRESS **1505 FORT CLARKE BLVD #14-307**  
 CITY-ST-ZIP **GAINESVILLE FL 32606**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **TD**  Delete  
 NAME **KELLENBERGER, DAVID**  
 STREET ADDRESS **239 SW 12TH ST**  
 CITY-ST-ZIP **CAPE CORAL FL 33991**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **SD**  Delete  
 NAME **SLOSS, KRISTEN**  
 STREET ADDRESS **4440 S.W. ARCHER RD., #1521**  
 CITY-ST-ZIP **GAINESVILLE FL 32608**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **WORKMAN, KRISTA**  
 STREET ADDRESS **2007 SAVONA PKWY.**  
 CITY-ST-ZIP **CAPE CORAL FL 33904**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **SD**  Delete  
 NAME **DELAOLO, NICHOLAS**  
 STREET ADDRESS **1505 FORT CLARK RD #14-307**  
 CITY-ST-ZIP **GAINESVILLE FL 32606**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/1/02 (202) 297-9679**

Date

Daytime Phone #

CR2E037 (9/01)